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PTO/SB/21(08-00)
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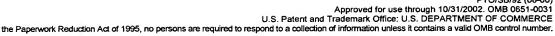
TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/611,731	
Filing Date	July 1, 2003	
First Named Inventor	Thomas Fey	
Group Art Unit	1762	
Examiner Name	Erma C. Cameron	
Attorney Docket Number	EA1007 LIS NA	

			Exam	iner Name	Elma C.	Cameron		
Total Number of Pages in This Submission		11	Attorn	ey Docket Number	FA1097	US NA		
ENCLOSURES (check all that apply)								
Fee Transmittal Form		Assignment Papers (for an Application)			After Allowance Communication to Group			
Fee Attached	ř	☐ Drawing	g(s)			al Communication to Board of als and Interferences		
Amendment / Res	sponse	Licensi	ng-relate	ed Papers		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
After Final Affidavits/dec	laration(s)	Petition		,	Propri	etary Information		
Extension of Time	e Request		to Conv		☐ Status	s Letter		
Express Abandon	iment Request	Power of Attorney, Revocation Change of Correspondence Address		identii	Other Enclosure(s) (please identify below):			
☐ Information Disclo	osure Statement	Termina	al Discla	imer		E Transmittal endment & Response to Final		
Certified Copy of Priority Document(s)		Request for Refund		Office Action Mailed February 15 2005, Response to April 19, 2005 Advisory Action & Request for Continued Examination Under 37				
Response to Missing Parts/ Incomplete Application		CD, Number of CD(s)		CFR 1.114 Certificate of Mailing Receipt Card				
Response to Parts under 3 1.52 or 1.53	Remar	tks						
	SIGNA	TURE OF A	APPLIC.	ANT, ATTORNEY, O	R AGENT			
Firm or Hilmar L. Fricke, Registration No. 22,384 Individual name								
Signature Wilman L. Simb								
Date May 4, 2005								
CERTIFICATE OF MAILING								
I hereby certify that this correspondence is being sent via first class mail to: Mail Box RCE, Commissioner for Patents, P.O Box 1450, Alexandria, VA 22313-1450 on the date shown below.								
Typed or printed nam	e Ellen M. Gods	frey						
Signature	50	a m	He	Olean	Date	May 4, 2005		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. The will lary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be send to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450 Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.



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May 4, 2005 Date

Ellen M. Godfrey

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Application No: 10/611,731 Filing Date: July 1, 2003

Title: Process for the Production of Paint Coating Layers

Attorney Docket: FA1097 US NA

- Transmittal
- Fee Transmittal
- Request For Continued Examination (RCE) Transmittal
- Amendment and Response to the Final Office Action Mailed February 15, 2005, Response to April 19, 2005 Advisory Action and Request for Continued Examination Under 37 CFR 1.114
- Receipt Card

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PTO/SB/17 (11-01)
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FEE	TR	AN	SMI	TT	AL
	for	FY	200	5	

Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

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5)	790.	

Complete if Known					
Application Number	10/611,731				
Filing Date	July 1, 2003				
First Named Inventor	Thomas Fey				
Examiner Name	Erma C. Cameron				
Group / Art Unit	1762				
Attorney Docket No.	FA1097 US NA				

WE				FEE C	ALCULATION (continued)		
☐ Check ☐ Cr	edit card Money Order Other None						
Clieck Co	edit card		DITIONA e Entity		l Entity		
Deposit Account	•	Fee	Fee	Fee	Fee		Fee
Za Deboait Account		Code	(\$)	Code	(\$)	Fee Description	Pald
Deposit	04 4000	105	130	205	65	Surcharge - late filing fee or oath	
Account Number	04-1928	127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
Deposit		139	130	139	130	Non-English specification	
Account	E.I. du Pont de Nemours and Company	147	2,520	147	2,520	For filing a request for reexamination	
Name The Commissioner	r is authorized to: (check all that apply)	112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
Charge fee(s) in		113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
I =	itional fee(s) during the pendency of this application	115	120	215	60	Extension for reply within first month	
	dicated below, except for the filling fee to the deposit account	116	450	216	225	Extension for reply within second month	
above-technines	•	117	1020	217	510	Extension for reply within third month	
	FEE CALCULATION	118	1,590	218	795	Extension for reply within fourth month	
1. BASIC FI	LING FEE	128	2,160	228	1,080	Extension for reply within fifth month	
Large Entity S	mall Entity	119	500	219	250	Notice of Appeal	
	ee Fee <u>Fee Description</u>	120	500	220	250	Filing a brief in support of an appeal	
Code (\$) C	ode (\$) Fee Paid	121	1000	221	500	Request for oral hearing	
	201 500 Utility filing fee	138	1,510	138	1,510	Petition to institute a public use proceeding	
	207 330 Plant filing fee	140	500	240	250	Petition to revive – unavoidable	
108 1400 2	208 700 Reissue filing fee	141	1,500	241	750	Petition to revive – unintentional	
114 200 2	214 100 Provisional filling fee	142	1,400	242	700	Utility issue fee (or reissue)	
'		143	800	243	400	Design issue fee	
	SUBTOTAL (1) (\$)	144	100	244	550	Plant issue fee	
	(3)	122	130	122	130	Petitions to the Commissioner	
2. EXTRA CLAIM		123	50	123	50	Processing fee under 37 CFR 1.17(q)	
	Extra Fee from Fee Claims below Paid	126	180	126	180	Submission of Information Disclosure Stmt	
Total Claims	-20 = X 50 =	581	40	581	40	Recording each patent assignment per property (times number of properties)	
Claims	-3 = X 200 =	146	790	246	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
Multiple Dependent	X 360 =	149	790	249	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Large Entity	Small Entity	179	790	279	395	Request for Continued Examination	790.00
Fee Fee Code (\$)	Fee Fee <u>Fee Description</u> Code (\$)	169	900	169	900	(RCE) Request for expedited examination of a	7.50.00
103 50	203 25 Claims in excess of 20	'00	500	'''	500	design application	
102 200	202 100 Independent claims in excess of 3			•			
104 360	204 180 Multiple dependent claim, if not paid	Other	fee (spec	cify)			
109 200	209 100 ** Reissue independent claims over original patent						
110 50	210 25 ** Reissue claims in excess of 20 and over original patent						
·	SUBTOTAL (2) (\$)						
**or number previo	ously paid, if greater, For Reissues, see above	*Redu	ced by Ba	sic Filin	g Fee Pa	id SUBTOTAL (3) (\$) 790.00	
	······						

SUBMITTED BY Complete (if applicable)						
Name (Print/Type)	Hilmar L. Fricke	Registration No. Attorney/Agent)	22,384	Telephone	(302) 984-6058	
Signature	Hilman L. Su	Le	· · · · · · · · · · · · · · · · · · ·	Date	May 4, 2005	